

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

VERIFICATION OF PRACTICAL EXPERIENCE INTERNSHIP IN THE PRACTICE OF PHARMACY

APPLICANT: Complete this section and submit to supervising pharmacist for completion. Form must be returned directly from the supervising pharmacist to the Department at the above address. This form may be copied and additional copies submitted if necessary.

Last Name

First Name

MI

Former / Maiden Name(s)

Address: (number, street, city, zip code)

Date of Graduation:

CERTIFYING BOARD: Complete this section and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredpharmacy@wisconsin.gov.

Practical Experience Verification:

This verifies that the applicant has been granted hours of approved practical

experience or internship credit by this Board or agency in this state in one or more of the following areas of pharmacy practice:

1. Interpreting prescription orders
2. Compounding, packaging, labeling, dispensing, and the coincident distribution of drugs and devices, participating in drug utilization reviews.
3. Proper and safe storage of drugs and devices, and maintaining proper records of the drugs and devices.
4. Providing information on drugs or devices, which may include, but is not limited to, advice relating to therapeutic values, potential hazards and uses.
5. Drug product substitution under applicable state and federal law.
6. Supervision of pharmacist supportive personnel
7. Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and by an individual physician for his or her patients for the period of each patient's stay within the hospital.
8. Drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse.
9. Performing any act necessary to manage a pharmacy
10. Administering prescribed drug products and devices and, pursuant to vaccination protocols, vaccines.

State Board or Agency

Date

Signature

Date

Title